

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 26 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 157471.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SVWC2		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Thomas Cotton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		1317846.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 239204.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SVXM8		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cory Gardner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		1787169.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	396675.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY
06 / 27 / 2014

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Well & Lighthouse, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 26 / 2014	
Mailing Address 1244 19th St NW		Amount 101458.00	
City Washington	State DC	Zip Code 20036-6618	Transaction ID : VN7GB9SVWB4
Purpose of Expenditure Online Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Cory Gardner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		1787169.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101458.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	498133.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

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Date

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06 / 27 / 2014

Signature